



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE APPROPRIATIONS, HUMAN SERVICES AND PUBLIC HEALTH COMMITTEES

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Jewel Mullen, MD, MPH, MPA, Commissioner

Preventive Health and Health Services and
Maternal and Child Health Services Block Grants

Good morning, my name is Dr. Jewel Mullen, and I am Commissioner of the Department of Public Health. I am here to present the Department's proposed FFY 2014 Allocation Plans for the Preventive Health and Health Services Block Grant and the Maternal and Child Health Services Block Grant.

The Preventive Health and Health Services Block Grant (PHHSBG) was established by Congress in 1981 to replace funds previously allocated to states through six separate categorical grants that seek to reduce preventable morbidity and mortality. The PHHSBG supports initiatives consistent with achieving the Healthy People Objectives. These national, science-based objectives span ten years and are aimed at improving the health of all Americans.

As I stated last year, the future of the PHHSBG remains uncertain. President Obama eliminated this Block Grant's funding in his FFY 2014 budget request to Congress, as he did in FFYs 2012, and 2013. Similar to past years, it is not likely that Congress will approve the President's budget by October 1st; rather, it is anticipated that Congress will enact a series of Continuing Resolutions that will continue funding of this Block Grant and other programs until a 2014 federal budget is finalized. For this reason, the Centers for Disease Control and Prevention (CDC) has instructed all states to submit their FFY 2014 PHHSBG applications with the expectation of level funding.

Therefore, the proposed FFY 2014 Block Grant budget is estimated at \$1,306,480. This amount consists of an annual allocation based on FFY 2013 level funding in the amount of \$939,893, a set aside of \$79,914 for Sex Offense Programs, and an estimated carry forward from FFY 2013 of \$286,673. The majority of funds carried forward are a result of unexpended funds from local

*Phone: (860) 509-7101, Fax: (860) 509-7111
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 13COM
P.O. Box 340308 Hartford, CT 06134
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health departments (some local health authorities have indicated that they declined to utilize the grant funds because of associated administrative burdens), as well as other contracts funded under the Block Grant.

Should an increase or reduction occur in funding levels after the federal budget is finalized, the Department's contingency plan would involve reviewing such changes with the Preventive Health and Health Services Block Grant Advisory Committee and modifying allocations in accordance with Committee recommendations.

PHHSBG funds support a variety of public health programs, many of which are implemented at the community level. Some of the health priorities for Connecticut that will be supported in FFY 2014 include the following:

- expand and strengthen collaborative partnerships to work toward achieving the new state Cancer Plan's overarching goal of improving health equity and eliminating disparities in all areas of cancer prevention, early detection, treatment, survivorship, and palliative care;
- develop and provide a tool for Connecticut's certified genetic counselors that will assist them in moving practical application of national evidence-based genetic testing recommendations into practice;
- develop a tool for patients tested for hereditary breast and ovarian cancer and Lynch syndrome to assist them in understanding genetic test results, and enable them to educate family members potentially impacted by the diagnosis;
- expand the State's HEARTSafe Community Program to Connecticut's two remaining major urban centers not currently participating as well as expand the HEARTSafe Workplace component;
- implement policies, systems, and environmental change to reduce chronic disease and obesity through improved nutrition and increased physical activity opportunities at the community level;
- conduct a demonstration project to evaluate the outcomes of the community paramedicine/mobile integration healthcare training, which expanded the scope and skills of the State's emergency medical technicians. Desired outcomes include improved efficiency and a reduction in healthcare delivery cost;
- provide services for victims of sex offenses; and
- monitor and evaluate critical public health programs such as the Tobacco Control and Comprehensive Cancer Program initiatives to ensure effectiveness at reducing cancer rates.

In regard to the Maternal and Child Health Services Block Grant (MCHBG) Allocation Plan, the MCHBG promotes the development of service systems in states to meet critical challenges in:

- reducing infant mortality
- providing and ensuring access to comprehensive care for women
- promoting the health of children by providing preventive and primary care services, and

- providing family centered, community based, coordinated services for children and youth with special health needs (CYSHCN)

Per federal requirements, at least 30 percent of funds must be used for prevention and primary care services, and at least 30 percent must be used for children and youth with special health needs. There are a number of other administrative requirements that are referenced in the Allocation Plan. The Department is in compliance with all Block Grant administrative requirements.

There are a variety of services provided with MCHBG funds that meet the objectives outlined in the Allocation Plan. These include case management services for pregnant women, MCH information and referral services (2-1-1), family planning, oral health, school-based primary and behavioral health, infant health and well-being, newborn screening, and medical homes for children and youth with special health care needs.

The MCHBG has a proposed FFY 2014 budget of \$4,811,933, which includes an estimated federal allocation of \$4,431,905 plus an estimated carry forward from FFY 2012 of \$380,028.

The proposed Allocation Plan incorporates precautionary measures in the event that the actual FFY 2014 federal award amount is decreased. Unobligated carry forward funds would be used to minimize the impact of any reduction upon community-based programs so as to mitigate any impact upon services to clients.

Thank you for your consideration of these Allocation Plans. If you have any questions, agency staff and I will be happy to answer them.